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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15574

Registration District No. 710 Primary Registration District No. 5939 Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Pleasant Hope (Rural) Monroe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1/2 mile East of Pleasant Hope
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town (Rural) Pleasant Hope
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile East of Pleasant Hope
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME Katharine Moore
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charlie Moore
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Aug. 9, 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	7	25	hr. min.

9. Birthplace Troy Ville (City, town, or county) Tenn (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business House Work
FATHER
12. Name Claborn Fike
13. Birthplace (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Katharine Bell
15. Birthplace (City, town, or county) Tenn (State or foreign country)
16. (a) Informant Charlie Moore
(b) Address Pleasant Hope, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Brighton Cemetery
18. (a) Signature of funeral director Ellard B. Brown
(b) Address Pleasant Hope, Mo.
19. (a) April 6-41 (Date received local registrar) (b) E. Lee Benton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1941 hour 10:30 minute a. M.
21. I hereby certify that I attended the deceased from March 10, 1941, 1941, to April 2, 1941; that I last saw her alive on March 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Right Cancer of Breast — Duration
Due to
Due to 50
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. E. Albright (M. D. or other)
Address Pleasant Hope, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-41-746
Date Filed 5-5-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ .....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clifford B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.